



CB-LIGHT-6

EXHIBIT N

PATIENT NB, TRENTON
PSYCHIATRIC HOSPITAL

The Complaint

NB is referenced in paragraph 16 of the Complaint. It is claimed that in October of 2009 an independent review of medication issues pertaining to NB should have been conducted and the reason for declining such a review were improper. Since this is a discrete issue, it is handled in the following response:

An independent review of medication issues of the type desired by NB in 2009 was governed by AB 78-3 /5:04. The Rennie Advocate for NB was advised of his request for an independent review and the Rennie Advocate did not feel that Request justified. Similarly, no staff member who rendered care to NB felt that such a review was justified. The matter was reviewed by the Chief of Psychiatry, Dr. Evan Feilbusch, who met with NB and determined that an independent review was not warranted. Accordingly, NB was accorded his rights under the extant policy.

To the extent it is suggested that NB was challenging the need for him to be on medication at all, it should be noted that NB had several admissions for delusional behavior and paranoia. In October of 2005, he was admitted to Hagedorn from St. Francis Medical Center after threatening to blow up his residence and kill people. He was then diagnosed with Schizoaffective disorder, bipolar type. During these various admissions, NB would ultimately get better on medications. After discharge, however, he would stop his medications and decompensate, leading to readmissions.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
New Boston #100000

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (-). Auditors comment / findings [-]
12/13/99	6:00 p.m.	Dr. Montezon	Initial Psychiatric Evaluation Report	Patient was referred for admission to Hagedorn Psychiatric Hospital from Carrier Clinic on fully Committed Status for paranoia, agitation, disorganized thinking. Patient was making statements that he does not want medication as its poisoning his body.
12/13/99	5:00 p.m.	Dr. Montezon	Doctors Orders	Patient agreed to take medication willingly as expressed to this writer and signed consent for Prolixin HCL 2.5mg PO 8AM and 5mg PO, Ativan 0.5mg PO BID, Cogentin 1mg PO BID, Elavil 75mg PO 8PM.
12/21/99	12:35 p.m.	Dr. Hanchuk	3-Step Form and Progress Notes	Patient started to refuse medications and has been more delusional and agitated. Highly paranoid and after 3-Step was completed he was started on medication.
12/27/99	9:30 a.m.	Dr. Montezon	Doctors Orders	Started on: Prolixin Deconate 18.75mg IM every 4 weeks x30 days for Psychosis. Cogentin 1mg PO BID for EPS symptoms.
12/28/99	9:40 a.m.	Dr. Montezon	Doctors Orders	Discontinue all Elavil doses and Ativan regular doses as he does not want to take it. Ativan 1mg PO after 8 hours PRN for severe anxiety ordered.
1/4/00	1:30 p.m.	Dr. Volskaya	Doctors Orders	Started on Depakote 250mg PO 8AM and 8PM for mood which was increased on 1/21/00 to 250mg in AM and 500mg HS and decreased again to 250mg PO BID because of tiredness and sleepiness.
1/24/00	9:15 a.m.	Dr. Volskaya	Doctors Orders	Discontinued Prolixin Decanate IM because of restlessness and pacing the floors.
1/26/00	1:30 p.m.	Dr. Volskaya	Doctors Orders	Started on Seroquel 75mg PO BID
2/14/00	10:15 a.m.	Dr. Volskaya	Doctors Orders	Increased Seroquel to 100mg PO TID
2/28/00	4:00 p.m.	Dr. Moise	Doctors Orders	Started on Wellbutrin SR 75mg BID and increased on 3/1/00 to 150mg BID for depression.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
NMB # [REDACTED]

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (-). Auditors comment / findings [-]
3/13/00	3:30 p.m.	Dr. Moise	Doctors Orders	Discontinued Wellbutrin SR today. Start Elavil 75mg PO 8PM.
4/7/00	10:40 a.m.	Dr. Moise	Progress Notes	Patient highly delusional, refusing medications and eloped from the hospital and returned back highly agitated. Recommitted 4/7/00 after placed on CEPP 4/4/00. Decreased LOS to I; 1:1 observation for elopement. Restart Prolixin Decanoate 2 mg IM after every 2 weeks. Start after completion of 3-Step 4/7/00
5/24/00	5/22/00	Kathy Willard, RN	MARS Reviewed	Elavil 75mg PO bedtime for depression. Seroquel 100mg PO 8AM and 8PM PO and 50mg 12PM for mood and psychosis. Prolixin 5mg IM 8AM and 8PM and 12PM if refuses PO regular Seroquel doses.
12/26/00	4:45 p.m.	Lois Spagnoli, RN Dr. Volskaya	Progress Notes Doctors Order	Reports were given that he has been using the phone and calling and harassing the place where he used to work in the community. Increased Seroquel 200mg PO BID, Neurontin 300mg PO TID for mood. Prolixin HCL 5mg IM if refuses PO regular Seroquel daily. Cogentin 1mg PO / IM to give with Prolixin HCL for EPS prophylaxis.
10/10/01	3:00 p.m.	Dr. Volskaya	Doctors Orders	Orders: Ativan 1mg PO or 1MG IM if refuses PO dose every 6 hours PRN agitation x 30 days. Continue Prolixin HCL 5mg PO or 5mg IM if refuses PO dose every 6 hours PRN agitation x7 days
10/26/01	4:15 p.m.	Dr. Volskaya	Doctors Orders	Since on 3-Step and taking medications he started getting better mentally so he was given his first off grounds pass with his father 10/28/01, 11:30 a.m. - 2:00 p.m.
2/14/02	4:15 p.m.	Dr. Volskaya	Doctors Orders and Progress Notes	Because of Pacing and restlessness patient was started on Zydys 15mg PO 8PM and Prolixin HCL 5mg IM if refused Zydys.
2/25/02	N/A	Dr. Volskaya	Doctors Orders	HOV to Easter Seals program 2/26/02, 8AM - 2/27/02 8PM With the following medication Orders: Seroquel 200mg PO BID and 100mg 12P Neurontine 800mg PO TID
3/18/02	N/A	Dr. Volskaya	Doctors Orders	Discontinue Zydys poor response per patient reports.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
N# B# #

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (--). Auditors comment / findings [--]
3/19/02	N/A	Dr. West	Doctors Orders	Discharged to Easter Seals Group Home on 90 days Conditional Discharge Status which did not work out and he was returned back to Hagedorn Psychiatric Hospital.
4/15/02	4:00 a.m.	Dr. Chhabria	Doctors Orders	LOS 1 PVO for unpredictable behavior Neurontin Capsules 800mg PO TID for mood Seroquel 200mg BID and 100mg 12PM Prolixin HCL 5mg IM TID if refuses PO Seroquel doses. Ativan 1mg PO or IM every 6 hours if refuses PO dose every 6 hours PRN agitation.
5/3/02	3:00 p.m.	Dr. Volskaya	Doctors Orders	Discontinuance Neurontin Capsules - refuses to take. Start Lithium CO3 300mg PO BID for mood.
5/9/02	10:00 a.m.	Dr. Volskaya	Doctors Orders	Started on Depakote 250mg BID and increase to 500mg PO BID 5/13/02.
5/17/02	2:00 p.m.	Dr. Volskaya	Doctors Orders Progress Notes	Refuses Depakote as it makes him tired so Depakote was discontinued again.
5/23/02	2:00 p.m.	Dr. Volskaya	Doctors Orders Progress Notes	Increased Lithium CO3 300mg PO TID
6/6/02	4:00 p.m.	Dr. Volskaya	Doctors Orders	Discontinue all Lithium doses. Refuses and no way to give this except by mouth.
7/3/02	3:40 p.m.	Dr. Volskaya	Doctors Orders	Patient started to cooperate with medications and signed consent so 3-Step discontinued 7/3/02.
7/5/02	2:00 p.m.	Dr. Volskaya	Doctors Orders	Discontinue - Prolixin IM Discontinue - Cogentin IM Discontinue - Ativan IM

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
No. B-1000 # 1000

Date	Time	Staff Person	Document	Content
				Actual orders are in parentheses (--). Auditors comment / findings [--]
12/12/02	11:00 a.m.	R. Switzer, PsyD	CTP Meeting	Patient observed to be demanding, intrusive, still paranoid but does not act on it violently. He continues to bring lawsuits against multiple defendants but takes medication PO without problems.
1/22/03	11:00 a.m.	Dr. Voiskaya	Doctors Orders	Discontinue 12:00 PM Seroquel daily dose.
1/31/03	2:30 p.m.	Dr. Voiskaya	Doctors Orders and Progress Notes	Discharge on 90 days Conditional Discharge Status 2/3/03 to a rooming house with IGMS follow up. Discharge Medications: Seroquel 200mg PO BID.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
N. B. #

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (-). Auditors comment / findings [-]
10/6/03	3:00 p.m.	Dr. Montezon	Admission Doctors Orders and Admission Progress Notes	This patient was initially admitted to SFMC and transferred to Hagedorn Psychiatric Hospital due to extreme paranoia and threatening to blow up his residence and kill people. Diagnosis: Schizoaffective Disorder Bipolar with an underlying obesity and HTN. Refuses medication so first Emergency Certification done and he was given orders of: Ativan 1mg PO or 1mg IM every 6 hours PRN for severe agitation x3 days. Seroquel 200mg PO BID Prolixin HCL 5mg IM if refuses PO Seroquel x3 days.
10/6/03	8:50 p.m.	Dr. Montezon	Progress Notes	Patient went to this writer and told this writer he'll take PO Seroquel as long as dose is lowered to 200mg PO 8PM which was done.
10/8/03	2:00 p.m.	Dr. Montezon	Doctors Orders	He was doing better so LOS was increased to 11.
10/13/03	10:00 a.m.	Dr. Montezon	Doctors Orders	First Emergency Certification done again as he refuses to take Seroquel and was highly delusional, threatening and agitated. Order for Prolixin HCL CNC 5mg PO every 6 hours, 200mg tablet PO stat given.
10/23/03	3:05 p.m.	Dr. Montezon	Doctors Orders and 3-Step Form	3-Step Completed Seroquel tablet 200mg PO BID for Psychosis Prolixin 1mg IM 8AM and 8PM if refusal PO Seroquel Prolixin HCL 10mg concentrate PO or 5 mg IM-if refused PO dose every 6 hours PRN agitation Cogentin 2mg PO or 1mg IM PO if refused PO dose every 6 hours PRN for active EPS
10/30/03	N/A	Dr. Montezon	Doctors Orders	Transfer to North Hall 3 - Service of Dr. West.
12/8/03	3:00 p.m.	Dr. Moise	Doctors Orders	Start on Depakote 500mg BID for mood.
12/22/03	2:00 p.m.	Dr. Tortosa	Doctors Orders	Started on Thorazine 200mg 8AM and 8PM for paranoia. Eskalith CR 450mg 8PM for mania.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
N# B# #

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (--). Auditors comment / findings [-]
1/9/04	1:00 p.m.	Dr. Tortosa	Doctors Orders and MAR	Brand Eskalith 450 mg BID for mood.
1/14/04	1:55 p.m.	Dr. Tortosa	Doctors Orders and Progress Notes	Eskalith discontinued as patient refuses to take it. Started on Seroquel 200mg PO 8AM and Seroquel 300mg PO 8PM for psychosis.
1/21/04	10:50 a.m.	Dr. Tortosa	Doctors Orders	Increased Seroquel 300mg PO 8AM and 8PM for paranoia.
2/26/04	10:50 a.m.	Dr. Tortosa	Doctors Orders and Progress Notes	Because of refusal of PO Seroquel again, order for Prolixin HCL 5mg IM 8AM and 8PM if refuses PO Seroquel.
3/10/04	1:40 p.m.	Meredith Downs, RN	MARs Reviewed	Cogentin 1mg PO BID Prolixin 10mg IM 8AM and 8PM, if refuses PO Seroquel Seroquel 300mg PO BID Cogentin 2mg PO or 1mg IM if refusal for active EPS symptoms.
3/11/04	3:15 p.m.	Dr. West	Doctors Orders and Progress Notes	Because of pacing and complaint of being tired, Seroquel dose was decreased to 200mg PO AM and 300mg HS. And gradually tapered to the point of discontinuation in 12 days.
3/15/04	4:00 p.m.	Dr. West	Doctors Orders	Increased Depakote to Depakote 500mg PO BID effective 3/16/04 for mood.
3/17/04	3:00 p.m.	Dr. West	Doctors Orders	Discontinue Depakote Decreased Seroquel to 250mg 8AM and 300mg PO 8PM for psychosis/mood. Medication kept on being changed as patient was always complaining about effects of medication like tiredness and pacing.
3/24/04	3:35 p.m.	Dr. West	Doctors Orders and Progress Notes	Placed on PVO for elopement risk. Order to crush all medications because of poor medication compliance.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
Note: Bates # [redacted]

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (—). Auditors comment / findings [—]
4/2/04	4:20 p.m.	Dr. West	Doctors Orders and Progress Notes	Start Eskalith CR 450mg 8AM and 8PM which was discontinued on 4/14/04 at 9:30 a.m. because of tiredness. Discontinued previous Thorazine IM orders for PO Seroquel refusal. Increased Thorazine to 50mg IM 8AM, 4PM and 8PM for Seroquel refusal.
4/6/04	4:30 p.m.	Dr. West	Doctors Orders	Increased Seroquel 300mg BID for ongoing psychosis. Decreased Thorazine to 50mg IM BID if refused PO Seroquel regular dose.
5/18/04	12:00 p.m.	Moshood Animasaun, SW	Psychiatric Progress Notes	90 days Conditional Discharge Status to a rooming house.
6/3/04	1:45 p.m.	Dr. West	Psychiatric Progress Notes	Patient returned back to Hagedorn Psychiatric Hospital. Patient was non-compliant with Seroquel which he admits. Placed back on Seroquel 300mg PO BID and Thorazine 50mg IM ID if refused PO dose of Seroquel. Placed on Klonopin Wafer 0.25mg PO BID for anxiety.
6/16/04	3:40 p.m.	Dr. West	Doctors Orders and Psychiatric Progress Notes	Patient reports he feels depressed so placed on Zoloft 25mg x3 days and increased to 50mg PO in AM which was discontinued as of 11/1/04 because of complaints that it is not helping him. Depakote ER also discontinued at this time.
3/22/05	4:10 p.m.	Dr. West	Doctors Orders and Progress Notes	Seroquel tapered to point of discontinuing after 9 days. Started on Risperdal PO 0.5mg PO HS and increase to 0.5mg PO BID.
3/28/05	3:33 P.M.	Dr. West	Doctors Orders and Progress Notes	All Risperdal doses discontinued as he is refusing it. Started on Risperdal Decanoate 25mg IM every 2 weeks and increase to 50mg IM every 2 weeks which was eventually discontinued.
6/13/05	No time noted	Dr. West	Doctors Orders and Progress Notes	Started on: Lithobid 300mg PO 8PM and increase to 300mg PO AM and 600mg PO 8PM with lithium monitors which was discontinued as he refuses it and can't be given by IM.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
No. B-2004 # [REDACTED]

Date	Time	Staff Person	Document	Content
				Actual orders are in parentheses (—). Auditors comment / findings [—]
7/14/05	2:15 p.m.	Dr. Tortosa	Doctors Orders	30 days discharged medication written which includes: Cogentin 1mg PO qid Ativan 1mg PO qid Seroquel 100mg PO 8AM and 200mg 8PM Anatadine 100mg PO 8AM for motor restlessness
7/19/05	9:10 a.m.	Dr. Tortosa	Doctors Orders and Progress Notes	Discharge to Earth House on a 90 days Conditional Discharge Status
7/22/05	12:15 p.m.	Dr. Tortosa	Psychiatric Progress Notes	Reports were gotten that he eloped from Earth House Residence and was admitted to a State Hospital in the State of Vermont.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit

Not B #

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (-). Auditors comment / findings [-]
11/22/05	2:30 p.m.	Dr. Montezon	Admission Psychiatric Report	Patient coming to Hagedorn Psychiatric Hospital for the third time for Psychosis and mood disturbance. Patient paranoid and consumed by the idea of suing the State in order to have total smoking ban. Diagnosis Schizoaffective Disorder Bipolar type. Obesity; HTN and Hyperlipidemia.
11/22/05	2:30 pm	Dr. Montezon	Doctors Orders	Admission Orders Zoloft 125mg in AM for depression/OCD x 30 days Ativan 1mg PO 8AM and 8PM Seroquel 200mg 8AM, 4PM and 4mg 8pm for psychosis. Consented to this medication to this writer on admission and signed voluntary consent in the presence of this writer.
1/4/06	10:05 a.m.	Dr. Montezon	Doctors Orders	Transfer to North Hall 1.
1/6/06	4:00 p.m.	Dr. Volskaya	Doctors Orders and Progress Notes	Started Today: Topamax 25mg PO 8PM for mood Decreased Seroquel to 200mg PO BID x30 days. Topamax eventually discontinued s patient refuses to take it.
4/20/06	11:30 a.m.	Dr. Volskaya	Doctors Orders	Highly agitated; LOS I, Ativan 1mg PO stat and Ativan 1mg PO every 6 hours PRN since anxiety or agitation x7 days.
4/20/06	4:15 p.m.	Dr. Volskaya	Doctors Orders	Placed on Periodic Visual Observation (PVO) for unpredictable intrusive behaviors x7 days.
7/26/06	4:00 p.m.	Dr. Volskaya	Doctors Orders	Discontinue Ativan Start Klonopin 1mg PO 8AM and 8PM for anxiety x 30 day.
9/19/06	1:00 p.m.	Dr. Volskaya	Doctors Orders Progress Notes 72 Hour Emergency Certification	Placed on 72 hour emergency certification as he is refusing medication. New Orders today: Depakote 250mg 8AM and 8PM for mood Zyprexa 5mg IM for PO refusal of Depakote and Seroquel x3 day.
9/20/06	7:15 a.m.	Dr. Yarra	Doctors Orders Seclusion Notes	Highly agitated, hostile, verbal threats to harm others. Placed on seclusion 2x the same day. He continues to refuse PRN medication.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit

Ne # [REDACTED] # [REDACTED]

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (-). Auditors comment / findings [-]
9/21/06	10:00 a.m.	Dr. Volskaya	3 Step	Highly agitated, refuses PO medication and cannot be deescalated. Zyprexa 5mg IM given for refusal of PO Seroquel x30 days Ativan 1mg PO or 1mg IM if refuses PO dose every 6 hours PRN for severe agitation x30 day
9/22/06	11:20 a.m.	Dr. Volskaya	Doctors Orders	1:1 discontinued and he was placed on PVO but at 4:30 p.m. placed back on 1:1 for homicidal statements and back on PVO 9/25/06 at 10:00 a.m.
9/28/06	10:00 a.m.	Dr. Volskaya	Doctors Orders and Progress Notes	Because of angry lability in morning, increased Depakote 250mg AM and 500 mg 8PM with liver profile and valporic acid level in normal ranges.
11/14/06	9:45 a.m.	Dr. Moise	Doctors Orders	Placed on 1:1 to prevent assault. Ativan 2mg tab PO stat Ativan 2mg tab PO every 6 hours PRN agitation
11/15/06	11:30 a.m.	Dr. Moise	Doctors Orders	More calmer so 1:1 was discontinued and placed on PVO for unpredictable harmful behaviors.
11/28/06	N/A	Dr. Moise, Sally DeVoy-Green, PC, Dr. Switzer, PsyD, Yaneris Corniel, PC	CTP Review Meeting Reports	Team meets to address his calling the PSCU by being on 3-Step for medication. He states he does not feel he should be on 3-Step and it was explained that 3-Step is in effect only when patients refuse medications and becomes dangerous to self / others. He refuses discharge and wants to remain in the Hospital to finish his legal work and eradicate smoking in the Hospital. Patient delusional and grandiose at this time.
12/12/06	4:00 p.m.	Dr. Moise	Doctors Orders	Discontinue Zyprexa Zydys PRN PO/IM today. Ativan 2mg PO or 1mg IM if refuses PO dose every after 6 hours PRN agitation x 30 days.
2/16/07	10:00 a.m.	Dr. Moise	Doctors Orders and Progress Notes	Increased Zoloft 150mg PO 8AM for Depression/OCD x 30 days.
2/24/07	1:00 p.m.	Dr. Moise	Doctors Orders	30 days monthly orders reviewed. Depakote 500mg PO BID; Seroquel 200mg BID, Klonopin 0.5mg PO BID, Zoloft 150mg 8AM, Zyprexa 5mg IM 8AM and 8PM if refuses PO Seroquel and Depakote x 30 days.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
NBA B #

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (-). Auditors comment / findings [-]
3/20/07	2:50 p.m.	Dr. Moise	Doctors Orders and Psychiatric Progress Notes	PVO discontinued today. LOS increased to III, effective 3/21/07 at 12:30 p.m. Report states patient is doing better.
6/1/07	1:00 p.m.	Dr. Moise	Doctors Orders	3-Step to be discontinued on Discharge Date 6/11/07. Discharge Medications include: Hydrochlorothiazide 25mg daily for HTN Klonopin 0.5mg PO BID for Anxiety Seroquel 200mg BID for Psychosis Zoloft 150mg PO 8AM for Depression and OCD
6/11/07	11:20 a.m.	Dr. Moise	Doctors Orders	Discharge from Hagedorn Psychiatric Hospital with much better mental status and no side effects to medication noted.

PATIENT SD, ANCORA
PSYCHIATRIC HOSPITAL

The Complaint

Because the sole allegation as to SD is that in 2008, he almost died from Depakote toxicity and a possible reaction to Lithium, as set forth in paragraph 117 of the Complaint, the following somewhat abbreviated synopsis is provided:

SD was admitted to Ancora on August 14, 2008 secondary to assaultive behavior with a diagnosis of Psychotic Disorder NOS and Severe Impulse Control Disorder. He had a long history (despite his 27 years) of aggressive and violent behaviors, suicide attempts and at least 11 prior psychiatric hospitalizations. He heard voices commanding him to kill himself and others.

One of the medications used in an effort to quell SD's violent behaviors was Depakote. Escalating doses and attempting other medications was slow to assist in this effort. As an example, on September 15, 2008, SD assaulted a staff member to an extent that the staff member sought treatment in the Emergency Room.

On December 11, 2008, SD was noted to be lethargic and his intake of fluids and food by mouth had been decreased. His temperature was 100.2 degrees. All medications were held and SD was transferred to Virtua Memorial Hospital with an ultimate diagnosis of dehydration and mild Depakote toxicity. He was discharged and returned to Ancora on December 12 but was readmitted to Virtua on December 17, 2008 for rehydration. It appears that SD was transferred to Thomas Jefferson Hospital from Virtua but lacking these outside hospital records at the present time, no definitive analysis can be offered. SD did not return to Ancora.

PATIENT PD, ANCORA
PSYCHIATRIC HOSPITAL

The Complaint

Patient PD is the subject of paragraphs 121 through 124 of the Complaint. Because of the nature of the claims, the following synopsis is provided:

PD is described in the Complaint as being trained as a scientific glassblower at Salem Community College and that he enjoyed reading and writing on spiritual, theological or philosophical subjects. He enjoys drawing with pencil and charcoal. He was discharged from Ancora on March 1, 2011 after a seven and a half year admission only to decompensate and require readmission a mere 11 days later.

Before being admitted in August of 2003 with a diagnosis of schizoaffective disorder, PD had had two prior admissions to Ancora. Before his first admission in 2001, PD was living in the woods and claimed to be God's second son. In December of 2001 he was readmitted with delusions that he was controlled by Satan. Before his readmission in 2003, PD had been charged with terroristic threats and stalking for which he was found Not Guilty by Reason of Insanity ("NGRI"). He had apparently entered a church and threatened the congregation. There was a restraining order secured by PD's sister whom he had attempted to strangle.

It is claimed that PD suffered a number of side effects from psychotropic medications, particularly akathisia (restlessness) which led to him incessantly pacing and chafing through the skin of his leg. It is further claimed that he was unable to sleep and gained weight, experienced agonizing hunger and became depressed. During his over seven year admission, the claims being made find virtually no support in the records. Tracking his weight reveals an admission weight of 200 pounds and a variable weight between 182 and 215 pounds. A few instances of insomnia are recorded but, overall, PD reported that he was sleeping well. When he did complain of daytime sedation, his dosing and timing of Seroquel were changed. There were several observations of PD pacing at times but no record of the skin on his legs sloughing. On May 8, 2008, an area of cellulitis on his right lower leg was identified, sized as 2 by 2 cm and treated with resolution. On one occasion, August 17, 2007, he complained of being hungry along with a complaint that he did not like the food at Ancora. Even so, Vitamin B

was added to his diet in response.

Given the length of his stay, multiple Medication Review forms are in the records, including forms dated 10/9/03, 1/9/04, 3/5/04, 4/1/04, 5/3/04, 6/3/04; 7/1/04, 1/5/09, 2/5/09, 3/3/09, 4/3/09, 6/5/09, 7/6/09, 8/6/09, 9/4/09, 10/15/09, 12/31/09, 1/8/10, 2/5/10 and 4/6/10. On other occasions, PD consented to medication and on some occasions was on an emergency 72 hour administration. We cannot, of course, verify whether PD was simply taking his medications to "please the staff" or because he thought that he would be given IM medications if he did not take his oral medications. In April, 2010, PD's antipsychotic medications were tapered and he was left on Lexapro alone (an antidepressant). This decision was made because the attending psychiatrist felt that PD's delusional thinking was not treated effectively by antipsychotics despite the effort at numerous combinations over a number of years. Further, it was felt that PD would simply not gain the necessary insight into his illness.

PATIENT SL, HAGEDORN
PSYCHIATRIC HOSPITAL

The Complaint

SL is referenced in paragraphs 127 through 131 of the Complaint. Several claims are advanced.

- Claim: by way of background, SL is described as having an Associate's Degree in general sciences with particular knowledge of computer science, lived in his own apartment for over ten years and enjoys reading, especially books on religion, spirituality and theology. He is paid by Hagedorn to play the piano for other patients during mealtimes.

For purposes of this submission, the portrait of SL provided in the Complaint as above is not disputed. However, the description in the Complaint omits critical facts. By history, SL had multiple psychiatric admissions prior to his admission at Hagedorn on March 12, 2007. Most recently, he had been admitted to Hagedorn between August 24, 2006 through November 28, 2006, had been conditionally discharged and then stopped taking his medications. He decompensated, becoming delusional, threatening his landlord and neighbors. He was jailed for several days and was assaultive and aggressive during incarceration. He was screened for mental illness at Hunterdon Medical Center and his transfer to Hagedorn took five police officers. SL had prior admissions to Trenton Psychiatric Hospital, Helene Fuld, Somerset Medical Center, Hunterdon Medical Center and several other Hagedorn admissions since age 29. He had assaulted an employee at Hagedorn by striking her in the head, causing a perforated eardrum. He had been jailed on at least two prior occasions for making terroristic threats. His history evinced a recurrent pattern of betterment with medications followed by decompensation when he stopped the medications.

- Claim: SL is on CEPP status which means that he does not meet the standard for involuntary commitment but Hagedorn has not found a place for him to live in the community and he is subjected to forced medication.

SL refused the recommended supervised setting after discharge which made his placement difficult since he wanted a townhouse with a garage. SL was discharged from Hagedorn on January 19, 2011 after a suitable time of voluntary ingestion of recommended medications and appropriate, non-psychotic behavior.

- *Claim: SL has been given numerous psychotropic medications, including 40 mg of Prolixin per day, even though, according to the manufacturer's dosage guidelines, "controlled clinical studies have not been performed to demonstrate [the] safety of prolonged administration of such doses." (Quote contained in paragraph 129 of the Complaint and allegedly taken from <http://www.rxlist.com/prolixin-drug.htm> at 2).*

It is true that SL was administered a number of psychotropic medicines at various dosages and both oral and by injection. The medications were adjusted and responsive to psychotic symptomatology. In large measure, the medications did quell SL's assaultive, aggressive behavior and, indeed when he took the medications as ordered, his symptoms were minimal, he was able to benefit from psychotherapy and achieved discharge. The quotation utilized in the Complaint apparently in an effort to posit that 40mg of Prolixin per day was an improper dosage was, in fact, misquoted. The first and critical part of the sentence was omitted. The sentence in full actually reads: "Daily doses up to 40 mg may be necessary, controlled clinical studies have not been performed to demonstrate safety of prolonged administration of such doses."

- *Claim: SL experienced a number of serious medication side effects, including terrible handshakes and tremors, difficulty sleeping and trouble reading and concentrating.*

This claim should be read in consort with the later claim that SL was unaware of methods of recourse for any complaints he had. In fact, DRNJ corresponded on SL's behalf on several occasions. On June 12, 2008, DRNJ by letter alleged that SL had been given excessive and/or incorrect medication on one of two weekends in May of 2008. DRNJ demanded a month's worth of records from Hagedorn which were supplied under cover of letter dated June 24, 2008. On July 1, 2008, DRNJ claimed that the records verified an unspecified medication error but no specifics from which an error could be discerned were offered and the records failed to

support the allegation. DRNJ further objected to the dosages of 40mg per day of Prolixin but SL's psychiatrist, Dr. Fuertes, pointed out that the dosing was accompanied by a lowering of SL's Seroquel dosing and overall caused an improvement in symptoms. With respect to the claims of medication side effects, a careful review of the lengthy chart for SL fails to verify any apparent side effects as alleged. Indeed, DRNJ, obviously active on SL's behalf, never alleged such side effects.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit

Subject: L. [REDACTED] # [REDACTED]

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (—). Auditors comment / findings [—]
3/12/07	12:30 p.m.	Dr. Volskaya	Psychiatric Evaluation Reports and Doctors Orders	Patient was discharged on 90 days Conditional Discharge status which expired 2/28/07. He stopped his medication and became bizarre, delusional, threatening his neighbors and landlord and it took 5 police officers to transport him to the Emergency Room. Once in Hagedorn Psychiatric Hospital placed in seclusion and placed on 2:1 due to aggressive violent behavior. Diagnosis Schizoaffective Disorder.
			Emergency Certification Reports	Admission Orders: Placed on Emergency Certification Prolixin HCL Concentrate 10mg PO TID for Psychosis. Seroquel 300mg PO 8PM for Psychosis. Patient refuses to sign for medication. First 72 hour Emergency Certification done. Prolixin 10mg IM PRN for PO refusal of Prolixin HCL, 10mg TID. 8PM refusal Seroquel PO
3/14/07	9:20 a.m.	Dr. Petivan	Doctors Orders, Emergency Certification	Order for the following was done: Prolixin HCL 10mg concentrate PO TID or 10mg IM TID if refused PO done x3 days. Patient agitated and delusional and refusing medications.
3/22/07	2:50 p.m.	Dr. Montezon	Doctors Orders and Psychiatry Progress Notes	Patient seen and highly agitated and acutely psychotic. Increased Seroquel to 400mg PO, 8PM for psychosis. Patient does not want to take medication at this time.
5/3/07	3:00 p.m.	Dr. Moise	Doctors Orders Emergency Certification	Placed on 1:1 for assaultive behavior. Order for Prolixin HCL 10mg IM each time he refuses PO Prolixin. Emergency Certification done again today.
6/18/07	2:10 p.m.	Dr. Volskaya	Doctors Orders and progress notes. Restraints from Reports.	Placed in 4 point chair restraints after he became threatening and attempted to attack a staff by going after that staff. 1:1 was changed to 2:1 for assaultive behavior at 5:15 p.m. Meds adjusted. Reorder for Prolixin HCL 10mg PO 8AM, 12PM and 8PM and Prolixin HCL 10mg IM if refuses each PO dose of Prolixin HCL Seroquel increased to 100mg 8AM, 4PM and 400mg PM for Psychosis.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
S [REDACTED] L [REDACTED] # [REDACTED]

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (--). Auditors comment / findings [-]
6/20/07	N/A	Dr. Moise	3 Step Form Doctors Orders	3 Step Completed
6/21/07	4:30 p.m.	Dr. Moise	Doctors Orders	Medication Adjusted, decreased Seroquel to 500mg Continuing Prolxin HCL 10mg PO TID or PO x3 days IM if refuses PO dose x30 days.
7/26/07	4:30 p.m.	Dr. Moise	Doctors Orders	Started on Invega 6mg daily for Psychosis and increased to 9mg daily 8/13/07. Prolxin HCL gradually decreased to point of discontinuation.
8/29/07	2:40 p.m.	Dr. Montezon	Doctors Orders and Progress Notes	Discontinued all Invega doses as he has many side effects and refuses it. Re-started on Prolxin 5mg PO TID or 5mg IM TID and increased to 10mg PO TID or 10mg IM if refused x30 days.
9/18/07	11:00 a.m.	Dr. Moise	Doctors Orders, Seclusion Notes	Patient highly threatening staff and refusing Prolxin because of EPS 5x per his reports which is not noted. Started on Risperdal 1mg PO BID and increased to 3mg BID with Prolxin HCL 5mg IM if refuses PO Risperdal x 30 days.
9/19/07	3:00 p.m.	Dr. Moise	Doctors Notes, Progress Notes	More calmer. 1:1 discontinued and placed on periodic visual observation (PVO) for unpredictable aggressive behavior.
11/21/07	9:15 a.m.	Dr. Moise	Doctors Orders	Started on Risperdal Consta 25mg IM every 2 weeks and increased to 37.5mg IM every 2 weeks. PO Risperdal discontinued today.
2/11/08	N/A	Dr. Moise	Doctors Orders	Transferred on 1:1 and states he still refuses medication and when he misses a dose he decompensates and becomes agitated, aggressive threatening to staff. 3-Step continued as he continues to refuse medication on and off.
2/16/08	9:30 p.m.	Dr. Montezon	Doctors Orders, Progress Notes	Patient continues to refuse PO medication and continues to remain agitated and paranoid. Placed on physical hold to give Prolxin HCL IM to prevent decompensation.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit

S [REDACTED] L [REDACTED] # [REDACTED]

Date	Time	Staff Person	Document	Content
				Actual orders are in parentheses (-). Auditors comment / findings [-]
12/08 - 3/09				For the month of December 2008 and into 2009 he appears calmer and was given numerous day passes in care of his family, although when he comes back he would refuse PO medication and he would be physically held to give IM medications on and off. Medication at this time includes: Cogentis 0.5mg BID Prolixin 5mg 8AM, 12PM an 10mg 4PM Trilystal 300mg BID Seroquel 400mg 10PM Ordered by Dr. Moise
3/18/09	2:30 p.m.	Dr. Moise	Psychiatric Notes Doctors Orders	Increased LOS to III which was decreased to II on 7/21/09, 3:50 p.m.
2009- 2010				A lot better in mental status while on medication and given numerous day passes, HOV leaves to c/o family and others
8/5/10	N/A	Dr. Swamy, N. Ruiz, SW R. Schroeder, PHD S. DeVoy- Green, PC	Treatment Plan Review Reports	Patient is on CEPP, states wants to live in a townhouse with garage. Treatment Team recommends supervised setting which he refuses at this point.
8/17/10	N/A	Dr. Fuyertes	Informed Consent 3-Step	Patient signed consent form for Prolixin HCL and Cogentin except for Ativan and 3-Step was discontinued on 8/17/10.
1/18/11	3:00 p.m.	Dr. Fuyertes	Doctors Orders	Discharge medications ordered which includes: Prolixin HCL 10mg PO 8AM, 12PM, 4PM and 8PM Cogentin 1mg BID IM.
1/19/11	N/A	Dr. Fuyertes	Doctors Order	Discharge to independent living with outpatient psychiatric follow up by PACT team and medical follow up recommendations given.

PATIENT JC, HAGEDORN
PSYCHIATRIC HOSPITAL

The Complaint

JC is referenced in paragraphs 134 through 137 with several claims being advanced.

- Claim: JC graduated from Princeton University, studying economics and was employed as a stock broker.

For purposes of this submission, defendant does not dispute this information pertaining to JC. However, it is also pertinent to note that, unfortunately, JC had multiple psychiatric admissions since his 30's (he was 51 when admitted for the index admission). These admissions were at Hagedorn, Ancora, St. Francis Medical Center and Princeton House. He had a pattern of being released on medications when he then stopped. This resulted in decompensation with delusions, disorganization and a desheveled appearance. He carried a diagnosis of paranoid schizophrenia with delusions. He was admitted from Princeton House to Hagedorn from May 22, 2007 to June 22, 2007. After release, he stopped taking his medications and destroyed some of his parents' property, lit candles in the house and threw a lit cigarette in a pile of leaves. He was returned to Hagedorn by the police on November 30, 2007. JC believed that his cat was talking to him and he had retractable pens stuck in his back. JC consistently took the position that he was not mentally ill.

- Claim: JC has experienced severe side effects from the medications given to him including Parkinson's like tremors of his hands, blurred vision, pounding headaches, fatigue, difficulty with movement, memory, sexual function and concentration and his psychiatrists did not address his concerns.

The analysis here must acknowledge the paradox presented by JC and other patients. Lacking insight into the fact that they suffer from a mental illness, JC and other patients refuse medication for what they believe is a non-existing mental illness. Empirically, however, the history presented by JC is one of complete decompensation and repeated institutionalizations

when medications are not taken. There are indications that JC may have had some tremors and headache before his readmission to Hagedorn in November of 2007 but this data is difficult to assess because he had actually stopped his psychotropic medication at some point prior to admission. Through his admission, however, there are no observations by caregivers that would afford support to a claim of severe side effects of the type alleged. Nevertheless, in April of 2008, NJP&A (the predecessor to DRNJ) alleged in a letter to the Hagedorn CEO that JC was, in fact, complaining of and experiencing side effects. These complaints were investigated and Dr. Caruso of Hagedorn met with JC, finding no signs or symptoms of such side effects. Nevertheless, a plan was developed to taper and discontinue Zyprexa over several weeks to see if JC's subjective complaints would resolve.

NJP&A visited JC on June 13, 2008 and claimed that JC was having severe tremors and a facial rash. The rash had been recurrent and, when apparent, had been successfully resolved with local treatment. As for the other alleged side effects, NJP&A demanded an independent psychiatric evaluation which was accomplished in the summer of 2008 by Dr. Hecht. This was a psychiatrist chosen by NJP&A. After examining JC, Dr. Hecht did not identify any evidence of side effects being present and concurred with the pharmacological management at Hagedorn. JC improved over time and was able to be discharged on medications to St. Rita RHCF in Plainfield, New Jersey on November 18, 2009.

- *Claim: JC was changed to "functionally incompetent" in January of 2008 even though he was refusing medications and only the first portion of the Three Step form was completed.*

When initially admitted for the November, 2007 admission, JC was on consenting status. On or about January 29, 2008, it was the opinion of JC's treating psychiatrist that he was incapable of effective informed consent and therefore deemed functionally incompetent. The incomplete Three Step form referenced in the Complaint is, indeed, present. JC's psychiatrist completed only the first section because, as noted in that section, he found JC to be functionally incompetent. At that point, the Three Step process would be inapposite and Steps 2 and 3 were not completed. When it was felt that JC could give informed consent but was knowingly refusing medications, the first complete Three Step form was completed on February 26, 2008.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit

~~James O. [REDACTED]~~

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (—). Auditors comment / findings [—]
5/22/07		Dr. Petivan C. Young, RN T. Pellicane, SW D. Rosenthal, PHD	Treatment Team Record	Patient during this meeting feels that there is nothing wrong with him and he does not need any medication and does not want medication.
5/15/07		Dr. Petivan	Initial PE	Patient was seen by Dr. Petivan. Reports states he was non-compliant with his medications and became disorganized in thinking not showering or taking care of himself and found wondering aimlessly along Route 22.
5/16/07	9:15 a.m.	Dr. Montezon	3-Step	3-Step initiated by Dr. Petivan and completed by Dr. Montezon after he was seen. Patient appears acutely psychotic, paranoid, disorganized in thinking and refuses medications. It is felt that if not medicated he will regress further to the point where he'll harm himself / others.
5/16/07	9:30 a.m.	Dr. Petivan	Doctors Orders	Haldol 5mg PO 8AM and 8PM for Psychosis Cogentin 2mg PO 8AM and 8PM to prevent EPS. Depakene liquid 500mg PO 8AM and 8PM for mood stabilization. Zyprexa Zydes 10mg 8PM Ativan 1mg PO or 1mg IM if refuses PO dose every 6 hours agitation /anxiety.
6/9/07	3:30 p.m.	Dr. Montezon	Doctors Orders	Discontinue all regular doses of Haldol Zyprexa 15mg 8PM x3 days and increased Zyprexa 20mg PO 8PM
6/13/07	1:10 p.m.	Dr. Petivan	Psychiatric Progress Notes	Since Haldol was discontinued shakiness has gone away and psychosis appears to be in remission with Zyprexa PO and Depakene liquid.

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**Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
J. [REDACTED] O. [REDACTED]**

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (-). Auditors comment / findings [-]
6/21/07	12:00 p.m.	Dr. Pelivan	Doctors Orders	Cogentin decreased to 1mg PO 8PM for EPS x30 days.
6/22/07	11:15 a.m.	Dr. Montezon	Doctors Orders	<p>Discharge medication done on preparation for Conditional Discharge Status as he has been doing well which includes:</p> <p>Zyprexa 10mg PO 8PM Cogentin 1mg PO 8PM Depakote 500mg PO BID for Mood Oral D = 1tab PO 8AM and 9PM</p> <p>At this time he is no longer on IM medication as he did well and maintained an oral medication until his discharge from Hagedorn Psychiatric Hospital on 6/27/07. IM Medication discontinued once he started showing stability on his mood and mental status. 3-Step continued as he was discharged on 90 days Conditional discharge Status.</p>

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
Joseph G. [REDACTED]

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (—). Auditors comment / findings [—]
11/30/07	N/A	Dr. West	Psychiatric Evaluation Reports and Doctors Initial Orders	Zydes 30mg PO 8PM for Psychosis x30 days Cogentin 1mg PO BID for EPS x30 days. Ativan 1mg PO every 6 hours PRN agitation x7days
12/3/07	9:50 a.m.	Dr. Montezon	Doctors Orders	Doing better so Periodic Visual Observation (PVO) was discontinued and LOS increased to II.
10/10/07		Treatment Team Dr. Montezon, T. Pellicane, SW C. Balaskas, PC J.-Loquasto, SW	Treatment Team Meeting	Patient seen and was highly paranoid, highly agitated, not aware of why he is in the hospital. Patient denies reports from past team that he was not taking his medication. During this meeting he is highly argumentative with poor judgment and insight noted.
12/20/07	9:15 a.m.	Dr. Montezon		Transfer to North Hall 3, 12/21/07
2/11/08	11:50 a.m.	Dr. West	Doctors Orders	Trilafon 6mg BID x2 days and increased Trilafon 8mg BID for arguing Psychosis.
2/20/08	12:10 p.m.	Dr. West	Doctors Orders	Increased Trilafon to 8mg PO 8AM and 16mg PO 8PM for Psychosis.
4/14/08	1:00 p.m.	Dr. West	Doctors Orders	Increased Trilafon 16mg PO 8AM and 24mg PO HS x30 days for Psychosis.

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Hagedorn Psychiatric Hospital
Psychotropic Medication Chart Audit
~~James C. [REDACTED]~~

Date	Time	Staff Person	Document	Content Actual orders are in parentheses (--). Auditors comment / findings [-]
5/20/08	2:50 p.m.	Dr. West	Doctors Orders	Zyprexa 15mg PO 8PM x5 days and then decrease to 10mg PO 8PM x5 days and Zyprexa 5mg PO 8PM x5 days and discontinue.
8/15/08	3:10 p.m.	Dr. West	Doctors Orders	Patient refused PO medication so first Emergency Certification done. Start on Haldol 5mg IM 8AM and 8PM if refused PO regular Trilafon dose.
11/6/08	9:55 a.m.	Dr. West	Doctors Orders	Continue Perphenazine 16mg PO 8AM and 24mg PO 8PM for Psychosis x30 days. Mental Status
11/12/08	9:40 a.m.	Dr. West	Doctors Orders	Doing well so that he was given therapeutic pass with his mother 11/14/08 9AM - 8PM.
11/16/08	2:11 p.m.	Dr. West	Doctors Orders	On FI Status, initiated 3-Step.
2/26/09	2:04 p.m.	Dr. West	Doctors Orders	Started to make statements on 2/20/09 that he doesn't need medication. With increase in paranoia and agitation so on 2/26/09 started on Invega 3mg PO 8AM x3 days and increase to 6mg PO 8AM with order of Zyprexa 10mg IM for PO refusal of Invega x30days. At this point he is already on FI 3-Step as noted in Doctors Orders.
5/6/09	12:00 p.m.	Dr. West	Doctors Orders	Patient is on invega 12mg PO 8AM for Psychosis already with Trilafon 16mg PO 8AM and 24mg 8PM. Still is on Zyprexa 10mg IM 8AM if refused 8AM Invega PO dose. Patient continues to remain paranoid and agitated and does not feel he needs medication.
6/18/09	9:15 a.m.	Dr. West	Doctors Orders	Prolixin HCL CNC 5mg PO 8AM Prolixin HCL CNC 10mg PO 8PM (for psychosis) x30 days Discontinued Trilafon all doses 6/17/09

PATIENT TB , GREYSTONE PARK
PSYCHIATRIC HOSPITAL

The Complaint

TB is referenced in paragraph 117 of the Complaint. A description of TB's illness is provided and a claim regarding drug overdose is advanced.

- Claim: TB is at the outset described as a patient being treated for Attention Deficit, Hyperactivity Disorder as of March, 2010.

It is accurate, though incomplete, to state that TB was being treated only for Attention Deficit Hyperactivity Disorder. In fact, TB had been in residential treatment for much of his life (he was only 22 years old when admitted to Greystone for the index admission). He carried a diagnosis as well of bipolar disorder and oppositional defiance disorder. He had manifested violent tendencies and, in September of 2008 during the index admission to Greystone, TB had threatened to punch a pregnant patient and kill her baby. He destroyed computer equipment at the nurse's station.

- Claim: TB was hospitalized at an acute care hospital for "lithium toxicity" along with other powerful psychotropic drugs.

TB was, indeed, hospitalized at Morristown Memorial Hospital between March 11 and March 13, 2009. Prior to admission, TB had developed symptoms of lethargy and had an elevated blood level of Lithium (2.2). Dosing of Librium had been increased in late February in response to increased agitation. TB was rapidly stabilized at Morristown but was physically abusive and agitated in the hospital, resulting in the giving of psychotropic medications by the physicians caring for him at Morristown. There is no evidence of side effects from his psychotropic medications and no evidence of any sustained illness secondary to his elevated lithium level.

EXHIBIT O

UNITED STATES DISTRICT COURT

DISTRICT OF NEW JERSEY
10-3950DRD

DISABILITY RIGHTS NEW JERSEY, INC.,
et al.,

Plaintiffs,

vs.

JENNIFER VELEZ, in her official capacity as
Commissioner of the New Jersey Department
of Human Services, et al.,

Defendants.

DEPOSITION OF:

30(b)(6) MICHAELA BENNETT

Thursday, April 5, 2012

Reported By:

LISA FORLANO, CCR, CRR, RMR

Ref: 7148

COPY

1 MICAELA BENNETT

2 Miss Tompkins, did you have any other conversations
3 about Topic 3?

4 A No.

5 Q And as to topic number 4, who, if
6 anyone, did you speak with?

7 A I have spoken with Lisa Ciaston or
8 communicated with, Mickelle West-Jones, the judges
9 at my institutions, counsel who appear at my
10 institutions and others and Laurie Tompkins.

11 Q And just so the record is clear, you've
12 mentioned certain institutions that are your
13 institutions.

14 A Right.

15 Q Which are those?

16 A I'm a Legal Specialist for the Division
17 of Mental Health & Addiction Services and I support
18 directly Greystone Psychiatric Hospital and Hagedorn
19 Psychiatric Hospital and indirectly I support all
20 five.

21 Q And when you say indirectly you support
22 all five, what do you mean by that?

23 A They have a legal specialist directly
24 assigned to them who is Laurie Tompkins now.
25 Jennifer Duggan before her, and then Lisa Ciaston

1 MICAELA BENNETT

2 Q But you were with Barrasso Consulting
3 for a year or less; is that right?

4 A Less than a year.

5 Q And what is your current title with the
6 State of New Jersey?

7 A I am a Legal Specialist.

8 Q And I think you said a moment ago that
9 you've held the same title since you started?

10 A I have.

11 Q Have your job responsibilities changed
12 since you started?

13 A No.

14 Q And what are your job responsibilities?

15 A Primarily, my function is to support
16 the hospital with their civil commitment hearings.
17 When I say the hospital, I mean the hospitals that
18 I'm assigned directly or indirectly to, depending on
19 need. I've supported all five institutions at one
20 point or another. And so that also includes
21 prepping witnesses, preparing our psychiatrists and
22 social workers for their testimony, making sure they
23 understand the statute, what's required of them, and
24 the court rules. I also act as the liaison between
25 the judge, the parties, the hospital administrators,

1 MICAELA BENNETT

2 MR. CHABAREK: Objection to form.

3 You can answer.

4 THE WITNESS: I don't know how to

5 answer that. I don't understand the question.

6 BY MS. WELLS:

7 Q All I'm trying to get at is whether we
8 need to go hospital by hospital to talk about the
9 way the hearings work or whether it makes sense to
10 do them altogether. Since I think that's not
11 clarifying anything for you, let's do them one at a
12 time?

13 A I don't know that you have to do them
14 one at a time, but when you say "work," I don't know
15 what you mean or "conducted." I need further
16 explanation on conducted and work in making sure
17 that I understand.

18 Q Fair enough. Let's start with what --
19 when I used the phrase "civil commitment hearings,"
20 does that include only a single type of hearing or
21 multiple types of hearings?

22 A Multiple.

23 Q And what are those types?

24 A You could have an initial hearing. You
25 could have a review hearing. You could have a CEPP

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1 MICAELA BENNETT

2 hearing and occasionally you can have a voluntary
3 hearing.

4 Q And other than those I guess four
5 subsets of civil commitment hearings, are there any
6 other types of civil commitment hearings that take
7 place at the hospitals?

8 MR. CHABAREK: Objection to form.

9 Go ahead.

10 THE WITNESS: Not that I'm aware of.

11 BY MS. WELLS:

12 Q And are you aware of any hearings that
13 take place at any of the five psychiatric hospitals
14 other than civil commitment hearings?

15 MR. CHABAREK: Objection to form.

16 THE WITNESS: No.

17 BY MS. WELLS:

18 Q So let's take those four that you
19 described one at a time. What is the initial
20 hearing?

21 A The initial hearing is a hearing that's
22 held within 20 days of the commitment that reviews
23 the statutory requirements of dangerousness, mental
24 illness that generates the dangerousness, determines
25 whether or not the need for involuntary commitment

1 MICAELA BENNETT

2 is present, and whether or not there's a less
3 restrictive alternative available.

4 Q And what are the review hearings that
5 you mentioned?

6 A Review hearings, again, I just spelled
7 out for you the statute, that there's a mental
8 illness present, that the mental illness makes the
9 patient dangerous to himself or others, that the
10 dangerousness can only be managed in an involuntary
11 basis and at a State psychiatric hospital. So the
12 review hearing would review that material.

13 Q And under what circumstances are review
14 hearings held?

15 MR. CHABAREK: Objection to form.

16 You can answer.

17 THE WITNESS: Circumstances, I don't
18 understand what you mean by that. Sorry.

19 BY MS. WELLS:

20 Q After a patient has been involuntarily
21 committed following an initial hearing, when or
22 under what circumstances will they then have a
23 review hearing?

24 A Okay. Maybe I should clarify. A
25 patient is involuntarily committed to our

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1 MICAELA BENNETT

2 institution prior to arriving. The initial hearing
3 reviews that within 20 days to confirm that it is
4 necessary. And then sits down a review hearing date
5 from that point forward. That would be the review
6 hearing.

7 Q And what's the time period that that
8 review hearing needs to take place?

9 A It has to be within three months, so 90
10 days, the first.

11 Q And does each patient get a review
12 hearing within that 90-day period?

13 A Not necessarily.

14 Q So under what circumstances do the
15 review hearings take place or not?

16 MR. CHABAREK: Objection to form.

17 THE WITNESS: If the patients been
18 discharged, there would be no review hearing.
19 If the patient is made voluntary, there may or
20 may not be a review hearing at that time.

21 BY MS. WELLS:

22 Q What determines whether a voluntary
23 patient has a review hearing?

24 A Say the question again.

25 Q Sure. What determines whether a

1 MICAELA BENNETT

2 scheduled?

3 A They can be up to six months after that
4 three-month hearing.

5 Q Do they then continue on that six-month
6 interval?

7 A It depends, but we -- by the fourth
8 review, you can request a year's review. So it
9 can -- after the fourth -- at the fourth review you
10 can request an annual review.

11 Q And when you say you can request, who
12 can make that request?

13 A The witness usually puts forth the
14 recommendation, so it would be the hospital's
15 witness. But I guess the State is putting forth
16 that recommendation to the judge. The State is the
17 party that makes that recommendation. Although I've
18 seen counsel for the patient do it as well. They
19 could proffer a review date.

20 Q Is it correct to say that review
21 hearings are held at either six-month or one-year
22 intervals for the duration of the patient's
23 commitment?

24 A No.

25 Q Under what circumstances would those

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1 MICAELA BENNETT

2 discontinue?

3 MR. CHABAREK: Objection to form.

4 THE WITNESS: I don't understand what
5 you mean would they discontinue.

6 BY MS. WELLS:

7 Q As long as a patient is committed to
8 one of the State psychiatric hospitals, would they
9 periodically have review hearings?

10 A Yes.

11 Q And are those -- when I say
12 periodically, is it correct to say that that's
13 either at six-month or one-year intervals?

14 MR. CHABAREK: Objection to form.

15 THE WITNESS: No.

16 BY MS. WELLS:

17 Q So what did I get wrong there?

18 A The intervals are determined by the
19 judge based on the party's argument for when the
20 review hearing should occur.

21 Q And is there a maximum --

22 A Six months and a year after that --
23 okay. The initial needs to be held within 20 days.
24 The first review needs to be held within 90 days.
25 Subsequently, six months can be requested. And then

1 MICAELA BENNETT

2 after the fourth review we can request a year.

3 Q Right. So after the first review
4 hearing, which is held within 90 days, are all
5 subsequent review hearings done at either six-month
6 or one-year intervals?

7 MR. CHABAREK: Objection to form.

8 THE WITNESS: No.

9 BY MS. WELLS:

10 Q I'm sorry, maybe I'm missing something
11 here.

12 A That would be awesomely ideal if
13 counsel would agree to two hearings annually rather
14 than two-week, one month, two month, three month,
15 four month.

16 Q Okay.

17 A If our clinicians could just do their
18 work instead of coming in to court -- my opinion,
19 more than necessary, our system would function a lot
20 better.

21 Q Is it correct to say that all review
22 hearings after the first one, which is held within
23 90 days, are held at intervals no longer than one
24 year?

25 A Yes.

1 MICAELA BENNETT

2 Q Are they provided counsel for their
3 appeals?

4 A They have counsel. Counsel is
5 assigned, yeah.

6 Q And they retain them through the
7 appellate process; is that correct?

8 MR. CHABAREK: Objection to form.

9 Go ahead.

10 THE WITNESS: Yes. Or they can retain
11 someone else, if that's what they choose, but
12 yes.

13 BY MS. WELLS:

14 Q And let's turn to Exhibit 51.

15 (Brief recess.)

16 BY MS. WELLS:

17 Q Miss Bennett, welcome back from the
18 break. If you could please turn your attention to
19 what was previously marked as Exhibit 51.

20 A Okay.

21 Q Can you tell me what this document is,
22 please?

23 A Well, I prepared a list of the civil
24 commitment hearings, the annual number of civil
25 commitment hearings per hospital and per year from

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1 MICAELA BENNETT

2 2006 to present.

3 Q And is this list an accurate
4 representation of the number of civil commitment
5 hearings held per hospital per year from 2006 to the
6 present?

7 MR. CHABAREK: Objection to form.

8 You can answer.

9 THE WITNESS: To the best of my
10 knowledge, it is.

11 BY MS. WELLS:

12 Q And civil commitment hearings, as
13 you've defined on Exhibit 51, does that include
14 initial hearings, review hearings, CEPP hearings and
15 voluntary hearings?

16 A Yes.

17 Q Just so we have a clear record, there's
18 a couple of abbreviations here. What is TPH?

19 A Trenton Psychiatric Hospital.

20 Q And what is AKFC?

21 A Ann Klein Forensic Center.

22 Q And I note for Ann Klein Forensic
23 Center there are blanks for 2006, 2007, 2008, and
24 2012?

25 Do you see that?

EXHIBIT P

Civil Commitment Hearings

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Grenstone	2078	1859	1685	1640	1824	1854	599
Hagerdon	1754	1726	1582	1376	1220	1033	130
TPH	2852	2780	2711	2509	2492	2637	672
AKEC				723	715	555	
Ancora	3329	3541	3175	2650	2332	2329	799

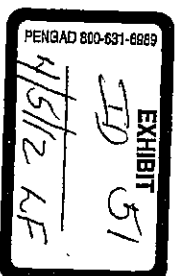
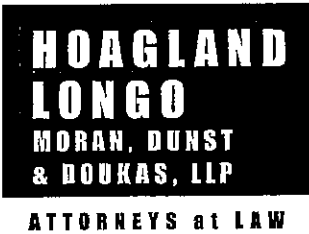


EXHIBIT Q



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April 20, 2012

BY E-MAIL

Melody Wells, Esq.
Kirkland & Ellis, LLP
601 Lexington Avenue
New York, NY 10022-4611

Re: Disability Rights New Jersey (DRNJ) v. Jennifer Velez
Docket No.: 2:10-cv-3950(DRD/MAS)

Dear Ms. Wells:

As you are aware, at the deposition of Micaela Bennett which was conducted on April 5, 2012, Plaintiff's Exhibit 51 was marked which set forth the number of Civil Commitment Hearings conducted on a yearly basis, beginning in 2006 at each of the State Psychiatric Hospitals. This document was specifically prepared by the witness, in response to Item #2 in Plaintiff's Notice of Rule 30(b)(6) Deposition of Defendant. The request delineated in Item #2 sought "on a yearly basis, and beginning in 2006, the number of civil commitment hearings, including review hearings, that have taken place in each of the State Psychiatric Hospitals." Please be advised that the Defendant reserves the right to rely on the document marked as Plaintiff's Exhibit 51 at the time of trial. Further, the witness testified that additional information pertaining to the Ann Klein facility would be forthcoming.

Accordingly, the Defendant amends her discovery responses to include the following data for the Ann Klein Forensic Center, insofar as the number of Civil Commitment hearings held at the said facility are set forth herein. The annual total number of such Civil Commitment hearings held at the Ann Klein Forensic Center including add-ons, beginning in 2006 are as follows:

2006 - 1,129
2007 - 1,090
2008 - 1,016
2009 - 955
2010 - 944
2011 - 783
2012 (Year to date through the end of March) - 184.

The Defendant hereby amends her discovery responses to include the aforementioned data, which supplements the information contained in Plaintiff's Exhibit 51, dated April 5, 2012.

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Thank you for your attention in this regard. Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,



SUSAN K. O'CONNOR

SO:jzs

cc: Alexandra P. Kolod, Esq. [BY EMAIL]
William Emmett Dwyer, Esq. [BY EMAIL]
Stephanie Beaty, DAG [BY EMAIL]

EXHIBIT R

1/24/2012

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End of Calendar Year Census 2006 - 2011 by Commitment Status and Hospital¹⁾

Commitment Status	12/31/2006											
	Anchorage			Hagerman			Trenton			Greystone		
	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census
CEP/CP	356	52.2%	18.8%	146	48.5%	6.9%	276	59.2%	13.1%	328	56.5%	15.3%
Involuntary Commitment	237	31.3%	11.3%	153	50.6%	7.3%	139	29.6%	6.6%	177	22.0%	6.0%
Incompetent To Stand Trial	1	0.1%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.2%	0.0%
IST Evaluation (IST/30)	5	0.6%	0.3%	0	0.0%	0.0%	4	0.8%	0.2%	0	0.0%	0.0%
Mean Registration Only	1	0.1%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
NGRI/Kcol	102	13.5%	4.9%	0	0.0%	0.0%	37	7.9%	1.8%	102	17.7%	4.9%
Voluntary Commitment	15	2.0%	0.7%	2	0.7%	0.1%	9	1.9%	0.4%	21	3.6%	1.0%
Total	758	100.0%	38.1%	301	100.0%	14.3%	466	100.0%	22.2%	517	100.0%	27.5%
12/31/2007												
Commitment Status	Anchorage			Hagerman			Trenton			Greystone		
	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census
	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census
CEP/CP	401	52.5%	20.6%	114	42.2%	5.5%	240	52.6%	12.3%	257	56.4%	13.2%
Involuntary Commitment	246	32.5%	12.7%	154	57.0%	7.5%	167	36.6%	8.6%	103	22.5%	5.3%
Incompetent To Stand Trial	2	0.3%	0.1%	0	0.0%	0.0%	1	0.2%	0.1%	1	0.2%	0.1%
IST Evaluation (IST/30)	9	1.2%	0.5%	0	0.0%	0.0%	5	1.1%	0.3%	0	0.0%	0.0%
Mean Registration Only	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
NGRI/Kcol	93	12.2%	4.8%	0	0.0%	0.0%	37	8.1%	1.9%	86	18.9%	4.4%
Voluntary Commitment	11	1.4%	0.6%	2	0.7%	0.1%	6	1.3%	0.3%	8	2.0%	0.5%
Total	764	100.0%	39.3%	270	100.0%	13.9%	456	100.0%	23.4%	456	100.0%	23.4%
12/31/2008												
Commitment Status	Anchorage			Hagerman			Trenton			Greystone		
	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census
	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census
CEP/CP	270	45.9%	15.2%	104	37.4%	5.9%	239	54.1%	13.5%	246	53.4%	14.0%
Involuntary Commitment	215	36.6%	12.1%	174	62.6%	9.4%	150	33.9%	8.5%	123	26.3%	6.5%
Incompetent To Stand Trial	7	1.2%	0.4%	0	0.0%	0.0%	6	1.4%	0.3%	1	0.2%	0.1%
IST Evaluation (IST/30)	7	1.2%	0.4%	0	0.0%	0.0%	5	1.1%	0.3%	0	0.0%	0.0%
Mean Registration Only	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
NGRI/Kcol	82	13.9%	4.6%	0	0.0%	0.0%	36	8.1%	2.0%	89	17.2%	4.5%
Voluntary Commitment	7	1.2%	0.4%	0	0.0%	0.0%	6	1.4%	0.3%	12	2.6%	0.7%
Total	598	100.0%	33.2%	279	100.0%	15.7%	442	100.0%	24.9%	464	100.0%	26.2%
12/31/2009												
Commitment Status	Anchorage			Hagerman			Trenton			Greystone		
	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census
	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census	Census	% of Hospital Census	% of Statewide Census
CEP/CP	270	45.9%	15.2%	104	37.4%	5.9%	239	54.1%	13.5%	246	53.4%	14.0%
Involuntary Commitment	215	36.6%	12.1%	174	62.6%	9.4%	150	33.9%	8.5%	123	26.3%	6.5%
Incompetent To Stand Trial	7	1.2%	0.4%	0	0.0%	0.0%	6	1.4%	0.3%	1	0.2%	0.1%
IST Evaluation (IST/30)	7	1.2%	0.4%	0	0.0%	0.0%	5	1.1%	0.3%	0	0.0%	0.0%
Mean Registration Only	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
NGRI/Kcol	82	13.9%	4.6%	0	0.0%	0.0%	36	8.1%	2.0%	89	17.2%	4.5%
Voluntary Commitment	7	1.2%	0.4%	0	0.0%	0.0%	6	1.4%	0.3%	12	2.6%	0.7%
Total	598	100.0%	33.2%	279	100.0%	15.7%	442	100.0%	24.9%	464	100.0%	26.2%

Prepared by the Office of Planning, Research, and Evaluation.
Source: Cradle Episode and Legal History Records, January 24, 2012

JV244906

1/24/2012

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End of Calendar Year Census 2006 - 2011 by Commitment Status and Hospital⁽¹⁾

Commitment Status	12/31/2006						12/31/2010						Total
	Ancoira		Hagedorn		Trenton		Hagedorn		Trenton		Greystone		
	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	
CEPP ⁽²⁾	224	44.5%	92	35.9%	184	45.3%	230	47.6%	181	45.3%	230	47.6%	730
Involuntary Commitment	181	36.0%	162	63.3%	184	45.3%	181	33.3%	181	45.3%	181	33.3%	689
Incompetent To Stand Trial	3	0.6%	0	0.0%	4	1.0%	0	0.0%	1	0.2%	0	0.0%	10
IST Evaluation (IST30)	13	2.6%	0	0.0%	4	1.0%	0	0.0%	0	0.0%	0	0.0%	17
Mean Registration Only	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
NGRI/Kel	10	13.9%	2	0.8%	45	11.1%	76	15.7%	15	3.1%	15	3.1%	191
Voluntary Commitment	12	2.4%	2	0.8%	3	0.7%	15	3.1%	0	0.0%	0	0.0%	32
Total	533	100.0%	256	100.0%	406	100.0%	483	100.0%	483	100.0%	483	100.0%	1,649
12/31/2010													
Commitment Status	Ancoira		Hagedorn		Trenton		Hagedorn		Trenton		Greystone		Total
	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	
	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	
CEPP ⁽²⁾	192	40.6%	70	28.9%	165	37.4%	209	45.3%	161	35.4%	209	45.3%	623
Involuntary Commitment	166	33.3%	170	70.2%	169	43.7%	161	35.4%	161	35.4%	161	35.4%	704
Incompetent To Stand Trial	1	0.2%	0	0.0%	6	1.4%	0	0.0%	0	0.0%	0	0.0%	8
IST Evaluation (IST30)	15	3.2%	0	0.0%	15	3.6%	0	0.0%	0	0.0%	0	0.0%	30
Mean Registration Only	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
NGRI/Kel	57	14.2%	2	0.8%	43	10.4%	77	16.9%	10	2.2%	10	2.2%	157
Voluntary Commitment	12	2.5%	2	0.8%	6	1.4%	10	2.2%	0	0.0%	0	0.0%	30
Total	473	100.0%	242	100.0%	414	100.0%	455	100.0%	455	100.0%	455	100.0%	1,594
12/31/2011													
Commitment Status	Ancoira		Hagedorn		Trenton		Hagedorn		Trenton		Greystone		Total
	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	
	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	Census	% of Hospital Census	Census	% of Statewide Census	
CEPP ⁽²⁾	200	41.2%	43	25.7%	149	34.1%	134	27.9%	134	27.9%	134	27.9%	526
Involuntary Commitment	206	42.5%	123	73.7%	221	50.6%	223	52.7%	223	52.7%	223	52.7%	803
Incompetent To Stand Trial	2	0.4%	0	0.0%	10	2.3%	0	0.0%	1	0.2%	0	0.0%	13
IST Evaluation (IST30)	10	2.1%	0	0.0%	5	1.1%	0	0.0%	0	0.0%	0	0.0%	15
Mean Registration Only	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
NGRI/Kel	59	11.5%	0	0.0%	45	10.3%	82	17.1%	10	2.1%	10	2.1%	153
Voluntary Commitment	11	2.3%	1	0.6%	7	1.6%	0	0.0%	0	0.0%	0	0.0%	28
Total	485	100.0%	167	100.0%	437	100.0%	480	100.0%	480	100.0%	480	100.0%	1,569

(2) Excludes Ann Klein Forensic Center

⁽¹⁾ Excludes Ann Klein Forensic Center.⁽²⁾ CEPP Census counts may differ from those presented in prior Olmstead reports. The above figures were compiled months and/or years after the data used to generate the Olmstead reports, allowing for updates to be made to the state hospital database.

JV244907